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26615 7590 04/04/2006

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 11350 Random Hills Road
 SUITE 600
 FAIRFAX, VA 22030

06/14/2006 MGBREM2 00000024 500477 10003298

01 FC:1501 1400.00 DA
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Melinda Salin (Depositor's name)
 Melinda Salin (Signature)
 6/14/06 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/003,298	12/06/2001	Robert M. Adams SR.	0030-0012	5090

TITLE OF INVENTION: HIGH DENSITY OPTICAL PACKAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$1400	\$300	\$1700	07/05/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HILLNER, MARK	3663	359-333000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Dorsal Networks, Inc.

Columbia, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Registration No.

Michael C. Antone

39,094

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Corvis Corporation
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To:	Commissioner for Patents	From:	Michael C. Antone
Organization:	U.S. Patent and Trademark Office	Date:	June 14, 2006
Fax:	571-273-2885	Fax:	443-259-4339
Phone:		Phone:	443-259-4150
Pages:	4 (including cover page)		
Re:	U.S. Application Serial Number 10/003,298		

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Date of Transmission June 14, 2006

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1. Transmittal Form; and
2. Fee Transmittal (x2).

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Typed or printed name: Melinda Salin

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/003,298
		Filing Date	December 6, 2001
		First Named Inventor	Robert M. Adams, Sr.
		Art Unit	3883
		Examiner Name	Mark Helmer
Total Number of Pages in This Submission	3	Attorney Docket Number	0030-0012

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> (Issue) Fee Transmittal Form (x2) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Michael C. Antone		
Date	June 14, 2006	Reg. No.	39,094

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Signature			
Typed or printed name	Melinda Selin	Date	June 14, 2006

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